

# OUR LADY OF FATIMA CATHOLIC PRIMARY SCHOOL

## PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICINE TO CHILD

(usually school will only administer a prescribed medicine)

I, \_\_\_\_\_ Parent / Carer of: \_\_\_\_\_

request that my child is administered:

\_\_\_\_\_ (amount)

of \_\_\_\_\_ (name of medicine)

at \_\_\_\_\_ (time of day)

for \_\_\_\_\_ (day / days) (\*)

(\*) please delete as appropriate

- I accept that the school will try to meet the above request but the school will not be held responsible if for any reason the medicine is not administered
- I understand that two adults will usually be present when medicine is administered
- Medicine will not usually be administered before 11.30 a.m.
- If I do not agree to the above, I will make arrangements for a responsible adult to come to school to administer the medicine.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent / Carer)